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Original article

Perception of acceptable antibiotic stewardship strategies in outpatient settings

Perception des stratégies envisageables pour promouvoir le juste usage des antibiotiques en médecine de ville

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Abstract

Introduction. – Antibiotics are still often inappropriately prescribed in France despite specific measures being taken for over 10 years. The 25% decrease in antibiotic prescription advocated in the 2011–2016 National Antibiotic Plan seems difficult to achieve. One of the strategies currently considered in France is the use of a specific prescription form dedicated to antibiotics, with an educational message for patients. We aimed to evaluate the acceptability – by primary care prescribers – of this measure and to evaluate their perception of other antibiotic stewardship strategies.

Methods. – Qualitative study conducted among family physicians, pediatricians, dermatologists, dentists, and ENT specialists using semi-structured interviews. A thematic and framework analysis was then performed.

Results. – Thirty prescribing physicians practicing in a specific region of France were included in the study. The dedicated prescription form for antibiotics was deemed excessive and questionable. Other measures, not directly targeting prescribers, were rather well perceived: the unit sales of antibiotics, the restricted reporting of susceptibility tests, or the limitation of the number of molecules available in outpatient settings.

Conclusion. – The results of this exploratory study may guide the national antibiotic stewardship policy in France.
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Keywords: Antibiotic resistance; Antibiotic stewardship; Primary care

Résumé

Introduction. – Malgré les actions mises en place depuis plus de 10 ans en France, les antibiotiques restent souvent prescrits de manière inappropriée. La baisse de 25 % des prescriptions prévue dans le « Plan national d'alerte antibiotiques 2011–2016 » semble difficile à atteindre. Une des pistes envisagées en France est de demander aux prescripteurs de ville d'utiliser une ordonnance spécifique (dédiée) pour prescrire les antibiotiques, comportant un message éducatif à destination des patients. L'objectif de cette étude était d'explorer l'acceptabilité, par les prescripteurs de ville, de l'utilisation de cette ordonnance dédiée et d'évaluer leur perception d'autres mesures visant au juste usage des antibiotiques.

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Méthodes. – Étude qualitative menée de mars à juin 2015 auprès de médecins généralistes, pédiatres, dermatologues, ORL et dentistes, sous forme d'entretiens semi-dirigés, enregistrés, puis retranscrits et anonymisés. Une analyse thématique du contenu a ensuite été réalisée.

Résultats. – Trente praticiens issus d'une région française ont été inclus dans l'étude. Le projet d'ordonnance dédiée était jugé excessif et discutable. D'autres mesures, ne concernant pas directement les praticiens, étaient plutôt bien accueillies : la vente à l'unité des antibiotiques, l'antibiogramme ciblé ou encore la limitation du nombre de molécules disponibles en ville.

Conclusion. – Les résultats de cette étude exploratoire devraient permettre d'orienter la politique de bon usage des antibiotiques en France.
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Mots clés : Antibiorésistance ; Bon usage des antibiotiques ; Soins primaires

1. Introduction

Factors associated with the excessive prescription of antibiotics and situations leading to inappropriate antibiotic prescriptions are now well known, especially among family physicians (FPs) [1–11].

Eight community prescriptions out of 10 are written by FPs. They play a crucial role in the prescription of antibiotics, followed by pediatricians, dermatologists, ENT specialists, and dentists [12].

Antibiotic resistance is a growing public health problem in Europe and worldwide [13–15].

Unlike other countries such as the Netherlands, a very high number of antibiotics are available in community settings in France [15]. No less than 50 antibiotics are available in ambulatory medicine settings. However, very few new antibiotics have been launched over the past 10 years [12].

Many actions have been launched in France over the past 10 years to fight against antibiotic resistance [1,16–19]. These actions led to the reduction of antibiotic consumption in community and hospital settings. Nevertheless, a new increase in antibiotic prescriptions has been observed over the past five years [12].

The authors of a recent study took an inventory of all measures included in antibiotic stewardship programs aimed at FPs [20]. Several of these measures have already been tested in France:

- practice evaluation;
- prescriber training;
- financial incentives based on performance (known as ROSP in France);
- general public campaigns [16];
- setting up of regional networks for antibiotics (e.g., *Antibiolor)* [21];
- good practice recommendations [22];
- computerized prescription aid (e.g., *Antibioclic*) [19].

Other measures could be considered, such as:

- the use of dedicated prescription forms (i.e., only used for antibiotics);
- distributing educational resources to patients;
- reducing the number of commercialized antibiotics;
- restricting the prescription of some antibiotics to hospital settings only;
- implementing targeted antimicrobial susceptibility testing or the unit sale of antibiotics (currently being tested in four regions of France) [23].

A third national plan for a proper use of antibiotics has been launched under the aegis of the French Ministry of Health for the period 2011–2016 [24]. However, the 25% reduction aim of antibiotic prescriptions seems difficult to achieve.

A specific strategy is currently being discussed in France [24], i.e., raising prescribers' and patients' awareness on the peculiar nature of antibiotics and making it compulsory to prescribers to use a dedicated prescription form for antibiotics including an educational message for patients. This strategy would help educate patients and ease any potential pressure brought to bear by patients on physicians.

We aimed to assess the acceptability – from a primary care physician point of view – of a specific prescription form dedicated to antibiotics, and to assess physicians' perception of other antibiotic stewardship strategies.

2. Material and methods

The present study was carried out in compliance with the COREQ criteria (consolidated criteria for reporting qualitative research) [25].

2.1. Type of study

We conducted a qualitative exploratory survey with a well thought out sample of prescribers, using semi-structured interviews [26].

A qualitative method seemed to be most appropriate for this study as we aimed to assess the points of view, behaviors, and practices of physicians while taking into account the specific practice settings and personal experience of each participant [27,28].

The face-to-face interviews were conducted by the study author, who had already conducted this type of interviews in the past.

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